



Mail:  
Idaho Department of Finance  
P.O. Box 83720  
Boise, Idaho 83720-0031  
208/332-8000

Overnight:  
Idaho Department of Finance  
700 W. State Street, 2nd Floor  
Boise, Idaho 83702

## IDAHO REGULATED CONSUMER LENDER APPLICATION FORM

TO BE USED FOR FINANCE COMPANIES, WHOLESALE MORTGAGE LENDERS, ASSIGNEES, PAYDAY LENDERS,  
TITLE LENDERS  
**FORM ICC1 INSTRUCTIONS**

### A. GENERAL INSTRUCTIONS

1. **FILING** – Form ICC1 is the Regulated Consumer Lender business Application.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
4. **AMENDMENTS** – The *applicant* must update information as required by submitting amendments using Form ICC1. Only complete the information that is being amended as well as the name of the *applicant* and circle the item number being amended.
5. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
6. **SURRENDER / CLOSE** – When an *applicant* decides to cease operations under the license, use the Form ICC1 to notify the Department of Finance by checking the "surrender" box and completing only items 1A, J, and K. Surrender the original license document.

### B. FILING INSTRUCTIONS

1. **FORMAT** --A fully completed Form ICC1 is required to be submitted when the *applicant* is filing for the first time. Be sure to indicate which type(s) of licenses for which applicant is applying.
  - A. The Execution section must include notarized original manual signature, for the initial Form ICC1 filing.
  - B. Type or print *legibly* all information.
  - C. Use only the current version of Form ICC1 and its Schedules.
2. **ATTACHMENTS** – Provide the following:
  - A. \$350 Application Fee for EACH license type, payable to the Idaho Department of Finance.
  - B. Schedules A, B, and C – File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed.
  - C. File a Form ICC2 for each **individual** designated on Schedule A or C as a "control person".
  - D. Enclose a Certificate of Good Standing from the Secretary of State or similar state authority for the state where the *applicant* obtained its legal status listed in Item 3C.
  - E. If the applicant is a corporation, enclose a copy of the recorded Articles of Incorporation and any By Laws; If the applicant is an LLC, enclose a recorded copy of the Articles of Organization; If the applicant is a partnership of any form, enclose a copy of the partnership agreement.
  - F. Submit a file-stamped copy of an Idaho Secretary of State issued Certificate of Assumed Business Name for each fictitious business name/trade name/doing business as name(s) that the applicant desires to use in Idaho.
  - G. The name, full delivery address, and telephone number of the registered agent for service of legal process. Registered agent must be in Idaho.
  - H. Branch offices need to complete a Form ICC3 Branch Application Form.
    - I. If regulated consumer lending transactions are entered into other than at a licensed office or retail store, attach a description of the manner in which they are entered into (i.e. internet, door-to-door, consumer's home, etc)
  - J. Provide a History of Lending for the applicant entity, the applicant's current credit criteria and policy(s) and identify the credit services/products to be offered in Idaho or to Idaho consumers.
  - K. Submit a detailed resume for each branch manager, containing employer names, addresses, phone numbers, month/year of start/end dates as well as detailed job descriptions/duties. Job titles or lending volumes alone do not meet this requirement.
  - L. Submit a resume for each *individual* listed on Attachment A.
  - M. Submit samples of all forms to be used in the lending process, to include but not be limited to, disclosures such as applicant's privacy policy, compliance with the Patriot Act, those required by Idaho law or those created for applicant's use.

3. **FINANCIAL RESPONSIBILITY** – Submit current financial statements, dated within the applicant's most recent fiscal quarter or within 90 days of application. The balance sheet must reflect a minimum of \$30,000 in liquid assets *available for the purpose of making loans*. A current bank or depository statement(s) may also be submitted for liquidity purposes. Payday Lender Applicants-- Submit current financial statements, dated within the applicant's most recent fiscal quarter or within 90 days of application. The balance sheet must reflect a minimum of \$30,000 in liquid assets for the main office, to be increased an *additional* \$5,000 for each additional Idaho physical location, up to a maximum of \$75,000. A current bank or depository statement(s) may also be submitted for liquidity purposes.

**C. EXPLANATION OF TERMS** – The following terms are italicized throughout Form ICC1

1. **GENERAL**

**APPLICANT** – The financial service entity applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

**CONTROL** – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

**CONTROL PERSON** – An individual named in Item 1A or in Schedules A, B or C that directly or indirectly exercises *control* over the *applicant*.

**JURISDICTION** – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

**PERSON** – An individual, partnership, corporation, trust, or other organization.

2. **FOR THE PURPOSE OF ITEM 8**

**CHARGED** – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

**CONTROL AFFILIATE** – A *person* named in Item 1A or in Schedules A, B or C as a *control person* or any other individual or organization that directly or indirectly controls, is under common control with, or is controlled by, the *applicant*, including any current employee except one performing only clerical, administrative, support or similar functions, or who, regardless of title, performs no executive duties or has no senior policy making authority.

**ENJOINED** – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

**FELONY** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

**FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED** – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, real estate agent or broker, appraiser, closing agent, title company, or escrow agent).

**FOREIGN FINANCIAL REGULATORY AUTHORITY** – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

**FOUND** – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

**INVOLVED** – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

**MISDEMEANOR** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

**ORDER** – A written directive issued pursuant to statutory authority and procedures, including orders of denial, settlement, cease and desist, suspension, or revocation; but does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an order.

**PROCEEDING** – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

<b>FORM ICC1</b>	<b>IDAHO CONSUMER LENDER APPLICATION FORM</b> <i>"Regulated Lender" includes Assignee, Wholesale Mortgage Lenders, Finance Companies, Title Lenders</i>  <i>"Payday Lender" only authorizes payday lending</i>	<b>REGULATED LENDER</b> <input type="checkbox"/> Title Lender? Y <input type="checkbox"/> N <input type="checkbox"/>
		<b>PAYDAY LENDER ONLY</b> <input type="checkbox"/>
		Mark appropriate box(es) \$350 per license type

**WARNING:** Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of Idaho and may result in disciplinary, administrative, injunctive or criminal action.

**INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.**

NEW APPLICATION <input type="checkbox"/>	SURRENDER <input type="checkbox"/>	AMENDMENT <input type="checkbox"/>	<b>To amend, circle item(s) being amended.</b>
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1. Exact legal entity full name, principal business address, mailing address, if different, and telephone numbers of *applicant*:

A. Full name of *applicant*:  
(if sole proprietor, provide last, first and middle name)

B. IRS Employer Identification Number  
(Social Security No is allowed for sole proprietorship)

C. List any other name(s) by which the *applicant* conducts or will conduct business in Idaho (refer to directions).

1. Name	2. Name
3. Name	4. Name

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the ☐ *applicant* name (1A) or ☐ business name (1C): \_\_\_\_\_ (Attach appropriate legal documentation and Idaho Secretary of State filing).

E. Main address: (Do not use a P.O. Box)

Number and Street

City

State/Country

Zip+4/Postal Code

F. Mailing address, if different:

PO Box or Number and Street

City

State/Country

Zip+4/Postal Code

G. Telephone Numbers and Website address:

Business phone

Fax line

Area Code      Telephone Number

Area Code      Telephone Number

website address #1

website address #2

H. Other than the office in 1E, does the *applicant* conduct business with Idaho consumers through branch offices or other business locations?  
☐ YES ☐ NO (Branch offices or other business locations must be licensed. Use Form ICC3.)

I. Contact Employee:

Name and Title

Area Code      Telephone Number

Number and Street

City

State/Country

Zip+4/Postal Code

E-mail Address

Fax Number

J. Employee authorized to respond to consumer complaints:

Name and Title

Area Code      Telephone Number

Number and Street

City

State/Country

Zip+4/Postal Code

E-mail Address

Fax Number

K. Physical address of location where the official books and records of the *applicant* will be kept.

Organization Name (if different from *applicant*) or Records Custodian Name

Area Code      Telephone Number

Number and Street

City

State/Country

Zip+4/Postal Code

**EXECUTION:** The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Notary seal here

Date (MM/DD/YYYY)

Signature of authorized party

Title

Subscribed & Sworn before me

by

Print Notary Public name

Print authorized party name

on this \_\_\_\_\_ day of \_\_\_\_\_

at \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

Notary Public Signature

Notary Appointment Expires (MM/DD/YYYY)

**This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.**

Applicant full legal name: \_\_\_\_\_

2. Mark the jurisdictions that applicant is currently applying to or is already licensed in for consumer lending purposes.

	Licensed	Applying		Licensed	Applying		Licensed	Applying		Licensed	Applying
Alabama			Idaho			Montana			Rhode Island		
Alaska			Illinois			Nebraska			South Carolina		
Arizona			Indiana			Nevada			South Dakota		
Arkansas			Iowa			New Hampshire			Tennessee		
California – DOC			Kansas			New Jersey			Texas – OCCC		
California – DRE			Kentucky			New Mexico			Texas – SML		
Colorado			Louisiana			New York			Utah		
Connecticut			Maine			North Carolina			Vermont		
Delaware			Maryland			North Dakota			Virginia		
District of Columbia			Massachusetts			Ohio			Washington		
Florida			Michigan			Oklahoma			West Virginia		
Georgia			Minnesota			Oregon			Wisconsin		
Guam			Mississippi			Pennsylvania			Wyoming		
Hawaii			Missouri			Puerto Rico					

3. A. Indicate legal status of *applicant*.

- ☐ Corporation ☐ Sole Proprietorship ☐ Other (specify) \_\_\_\_\_  
☐ Partnership ☐ Limited Liability Company

B. *Applicant's* fiscal year end (MM/DD): \_\_\_\_\_

C. If other than a sole proprietorship, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed):

State/Country of formation: \_\_\_\_\_ Date of formation (MM/DD/YYYY): \_\_\_\_\_

D. If *applicant* is a publicly traded corporation, please insert stock symbol: \_\_\_\_\_

4. A. Directly or indirectly, does *applicant control*, is *applicant controlled* by, or is *applicant* under common control with, any person that is engaged in the business of consumer lending? If no, go to 4B. YES NO  
☐ ☐

(check only one for each relationship, attach additional copies as needed)

This Partnership, Corporation, or Organization \_\_\_\_\_  
Partnership, Corporation, or Organization Name

- ☐ controls *applicant* ☐ is controlled by *applicant* ☐ is under common control with *applicant*

\_\_\_\_\_  
Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

B. Directly or indirectly, is *applicant controlled* by any of the following? If no, go to 5. YES NO  
☐ ☐

- ☐ Bank Holding Company ☐ National Bank ☐ State Member Bank of the Federal Reserve System  
☐ State Non-Member Bank ☐ Savings Association/Savings Bank ☐ Credit Union ☐ Foreign Bank ☐ Thrift Holding Company

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

Schedule A and, if applicable, Schedule B must be completed as part of all initial applications.  
Amendments to schedules A and B must be provided on Schedule C as changes occur.

Applicant full legal name: \_\_\_\_\_

5. Check type(s) of lending related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i> . A. First mortgage loans B. Second mortgage loans C. Home equity loans, including lines of credit D. Loan Servicing—direct collection of payments E. Loan Servicing—ability to enforce default provisions, but no collection of payments F. Credit insurance G. Unsecured Loans H. Secured Loans—secured by other than real estate—includes auto loans I. Other mortgage products and services (If “yes”, briefly describe below) J. Short Term Title Loans K. Payday Loans	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Will <i>applicant</i> engage in any non-consumer lending-related business? If “yes” briefly describe. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Will <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity? If “yes,” provide the name(s) of the other <i>person(s)</i> . _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. If the answer to any of the following is “YES”, provide complete details of all events or <i>proceedings</i> in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms. <b>Remember to file updates of these disclosures as needed.</b>		
<b>Criminal Disclosure</b> A. Has the <i>applicant</i> or a <i>control affiliate</i> ever been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic, foreign, or military court to any <i>felony</i> ? B. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	YES <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/>
<b>Regulatory Action Disclosure</b> C. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever: (1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical? (2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)? (3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted? (4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity? (5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities? D. Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, real estate agent or State or federal contractor ever been revoked or suspended? E. Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a “yes” answer to any part of 8C?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Civil Judicial Disclosure</b> F. (1) Has any domestic or foreign court: (a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity? (b) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> was <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)? (c) ever dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ? (2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a “yes” answer to any part of 8F(1)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Financial Disclosure</b> G. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a consumer finance lender or a <i>control affiliate</i> of a consumer finance lender or a mortgage broker that has been the subject of a bankruptcy petition? H. Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ? I. Does the <i>applicant</i> have any unsatisfied judgments or liens against it?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Bank Information and Reference</b>			
Bank or Credit Union Name: _____			
Main address: (Do not use a P.O. Box)			
Number and Street	City	State/Country	Zip+4/Postal Code
Mailing address, if different:			
PO Box or Number and Street	City	State/Country	Zip+4/Postal Code

<div>Schedule A DIRECT OWNERS AND EXECUTIVE OFFICERS (Answer for Form ICC1 Item 4)</div>	Applicant full legal name: _____				
Date: _____					
1. Use Schedule A only in new applications to provide information on the <b>direct</b> owners and executive officers of the <i>applicant</i> . Use Schedule B in new applications to provide information on <b>indirect</b> owners. File all amendments on Schedule C. <b>Complete each column.</b>					
2. List below the names of:  (a) each <i>control person</i> and executive officer, including Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions; (b) in the case of an <i>applicant</i> that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the <i>applicant</i> , unless the <i>applicant</i> is a publicly traded company; Direct owners include any <i>person</i> that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the <i>applicant</i> . For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security. (c) in the case of an <i>applicant</i> that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital; (d) in the case of a trust that directly owns 10% or more of a class of a voting security of the <i>applicant</i> , or that has the right to receive upon dissolution, or have contributed, 10% or more of the <i>applicant's</i> capital, the trust and each trustee; (e) in the case of an <i>applicant</i> that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and (f) in all cases, branch supervisors.					
3. Are there any indirect owners of the <i>applicant</i> required to be reported on Schedule B? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).					
5. (a) In the "Control Person" column, enter "Yes" if the <i>person</i> has "control" as defined in the instructions to this form, and "No" if the <i>person</i> does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form ICC2. (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".					
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person	Publicly Traded	S.S. No., IRS Tax No. or Employer ID
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					
Name:					

Applicant full legal name: \_\_\_\_\_

Date: \_\_\_\_\_

- [illegible]

<div><div>Schedule C</div><div>AMENDMENTS TO</div><div>SCHEDULES A &amp; B</div><div>(Amendments to answers for</div><div>Form ICC1 Item 4)</div></div>	<div>Applicant full legal name: _____</div> <div>Effective Date: _____</div>					
1. This Schedule is used to amend Schedules A and B of Form ICC1. Refer to those schedules for specific instructions for completing this Schedule C. <b>Complete each column.</b>						
2. In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same <i>person</i> ).						
3. <b>List below all changes to Schedule A (DIRECT OWNERS AND EXECUTIVE OFFICERS):</b>						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership	Control Person	Publicly Traded	S.S. No., IRS Tax No. or Employer ID
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	
<b>Attach additional pages if needed</b>						
4. <b>List below all changes to Schedule B (INDIRECT OWNERS):</b>						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	
Name:						
Home Address:	NA	NA	NA	NA	NA	
Business Address:	NA	NA	NA	NA	NA	